FEC MAIL CENTER

2009 AUG 19 AM 11: 45

FEC FORM

## STATEMENT OF ORGANIZATION

| FORM 1                      | ORGANIZATION (See instructions) |                                  |              |   |  |            |                       |             |            |     |   |
|-----------------------------|---------------------------------|----------------------------------|--------------|---|--|------------|-----------------------|-------------|------------|-----|---|
| 1 0111111                   |                                 |                                  |              |   |  |            | Office use only       |             |            |     |   |
| NAME OF COMMITTEE (in f     | full)                           | (Check if name is changed)       | Examover     | nple: If typying.<br>the lines  | type                                   | 12FE4      | M5                    |             |            |     |   |
| PENN PAC                    |                                 | 11111                            |              |   |  |            | 111                   | 111         |            |     | لب                                      |
|                             |                                 | 11111                            |              | <del>                                      </del>                           | 111                                    | 111        |                       | 111         |            | لل  | لــــــــــــــــــــــــــــــــــــــ |
| ADDRESS (number and s       | street)                         | . O. Box 26366                   | <u> </u>     |   | 1_1_1                                  |            |                       |             |            |     |   |
| (Check if address           |                                 |                                  |              |   |  | 111        |                       |             | ш          |     |   |
| is changed)                 |                                 | lexandria                        | 1111         |   | 1                                      | <u>V</u> A | L                     | 22313       | <u> </u>   |     |   |
|                             |                                 |                                  | CITY         |   |  | STATE      |                       | ZIP         | CODE       | •   |   |
| COMMITTEE'S E-MAI           | L ADDRESS (PI                   | ease provide only on             | e e-mail add | iress)  |  |            |                       |             |            |     |   |
| (Cneck if address           | s <u>s</u>                      | arceneaux@polit                  | icalcompl    | iance   | ــــــــــــــــــــــــــــــــــــــ |            |                       | 11          |            |     | لــــــا                                |
| is changed)                 | L                               | <u> </u>                         |              |   | 1.1.1.                                 |            | 111                   |             |            | ш   | Щ,                                      |
| COMMITTEE'S WEB I           | PAGE ADDRES                     | S (URL)                          |              |   |  |            |                       |             |            |     |   |
| (Check if address           | , <b>n</b>                      | /a                               | 1   1   1    |   | 1 1 1                                  | 1 1 1      |                       | 1 1 1       | 1 1        | J I |   |
| is changed)                 | l .                             |                                  |              |   |  |            |                       |             |            |     |   |
| 2. DATE M M M               |                                 | <sup>*</sup> 2 <sup>°</sup> 00°9 |              |   |  |            |                       |             |            |     |   |
| 3. FEC IDENTIFICA           | ATION NUMBER                    |                                  | С            |   |  |            |                       |             |            |     |   |
| 4. IS THIS STATEM           | IENT X                          | NEW (N) OF                       | i            | AMENDE  | D (A)                                  |            |                       |             |            |     |   |
| I certify that I have exami | ined this Statemen              | and to the best of my            | knowledge ar | nd belief it is true,   | correct an                             | d complete |                       |             |            |     |   |
| Type or Print Name of       | Treasurer                       | Murray Chanc                     | w            |   |  |            |                       |             |            |     |   |
| Signature of Treasure       | r - <u></u>                     | De                               |              |   |  | Date       | <b>%</b> 8 <b>%</b> / | D 0 4       | ; <b>Y</b> | ž 0 | ŏ9 <sup>°</sup>                         |
| NOTE: Submission of fal     | •                               | ncomplete information            |              |   |  |            | -                     | of 2 U.S.C. | §437g      |     |   |
| Office<br>Use<br>Only       |                                 |                                  |              | For further info<br>Federal Election<br>Toll Free 800-42<br>Local 202-694-1 | Commiss<br>24-9530                     |            |                       | FEC I       |            |     |   |